

MYSORE MEDICAL DEPARTMENT.

FORM OF APPLICATION FOR ADMISSION TO THE TRAINING CLASS FOR COMPOUNDERS.

1. Name in full	...	...
2. Approximate date of Birth	...	...
3. Caste, sect, etc.	...	...
4. Place of birth	...	...
5. Residence and address	...	...
6. Educational qualifications such as examinations passed		
7. Certificates attached :—		
(1) Certificate of having passed the Mysore Middle School Examination or any other higher Examination.		
(2) Certificate of physical fitness and vaccination certificate from a Registered Medical Practitioner of Mysore.		
(3) Certificate of character of not more than ten months old on the date of application signed by the Head Master of the School last attended by the applicant.		
(4) Certificate that the applicant is a Mysorean by birth or domicile.		
8. Place where he wishes to undergo training	...	
9. Other particulars, if any, the applicant may wish to state.		

Section.....

Date.....

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Signature of Applicant.